

Chapter 4

Designing and Implementing Your PPIP System.....

Overview

Once you have reviewed your current level of preventive services and established a baseline, you can begin to design your PPIP system.

1. Decide on minimum age-, risk-, and gender-appropriate preventive care standards for your clinic.
 - What preventive services will be offered at your clinic?
2. Determine what functions will be necessary to provide these services.
 - How will the necessary functions be divided and shared among the staff?
3. Make a plan for implementation.
 - It is not necessary to do everything at once. Implementation can begin as soon as the group has decided which PPIP tools and systems to include at the initial phases and which may be added at a later time. Setting a start date as a group marks the beginning of the implementation process.
4. Design your evaluation.
5. Implement your PPIP system.

Preventive Care Protocol

The staff will need to know what age-, risk-, and gender-appropriate preventive care standards exist so that they can participate in deciding what services will be offered. Several sources offer recommendations for minimal standards of care:

- Clinicians' Handbook of Preventive Services
 - An overview of existing research and expert advice on specific screening tests, counseling and immunizations.
- The TDH Adult Health Program Manual for Clinical Preventive Services
 - Model standards that are specific to the Health Risk Profile-SF (short form). These can be adopted “as is” or modified for the individual clinic (recommended).
- Researchers McGinnis and Foege, 1993, have listed smoking, nutrition and activity, and alcohol as the leading behavioral causes of death.
- And of course, you should review the prevention requirements of your funding sources and the accreditation organization such as JCAHO and HEDIS.

Design Step

Determining Minimum Standards for Care

Group activity to prioritize screening and counseling standards

- Gather screening standards from several reputable sources.
- Make information available to all staff members to read prior to meeting.
- Discuss and select standards for your clinic.

PPIP Functions

The functions required for the implementation of PPIP can be divided and shared in a number of creative ways. Participation by all members of the group will be invaluable in this process. There is no “one way” to implement PPIP, and often only the staff will know what will work. Only the staff members, functioning as a team, can construct a system that utilizes every person’s talents and responds to the needs of the particular patient population.

Listed below are several of the functions necessary to implement PPIP and utilize the PPIP tools. Have each staff member complete this worksheet and bring to the group for discussion and decision making.

For each question, consider:

- Who would be best to fill these roles at your clinic? Why?
- Who would be best to supervise and follow-up?

Who will put the PPIP tools in the client’s chart the day before the visit?

Who will prescreen the client’s chart on the day before the visit?

Who will conduct/review the Health Risk Profile and initiate the Flow Sheet?

Who will be responsible for ordering screening tests?

Who will be responsible for counseling the patient on identified risk factors?

Who will conduct chart audits to assess the quality of preventive services?

Who will analyze the chart audit results?

Who will arrange for staff training?

Who will conduct staff training?

Who will be responsible for designing/ordering materials?

What are some additional functions and who will perform them?

Staff and Administrative Support

Successful implementation requires support from administration. Support can include the “cheerleading role,” but administration must also authorize staff to expend time and resources. One person must be responsible for facilitation of the change effort. This person is called a *program champion*.

Staff members must be supported with time and resources. Implementation works best when key staff, representing different areas of the clinic, are involved in the development and ongoing evaluation of preventive services.

Consultants

Outside consultants can provide unbiased information, while keeping the best interests of the clinic in mind. An external consultant will have skills and resources to accelerate the change process, but would benefit from working closely with a person from within the organization, such as an internal change agent, or the program champion. The ideal internal change agent will have knowledge of the organization’s history, personalities, abilities, actual power and decision-making. This person will also have a wide social network within the organization and will be trusted and respected by both superiors and colleagues. This implies that they have excellent communication skills, especially listening skills.

PPIP in Practice

“Demonstrating Our Commitment Through Our Behavior” Organizational Change at Eden Health Center

The receptionist at Eden Health Center, Elesa, grew up in the community and knows all the patients. When a patient arrives for their appointment, she calls them by name and asks them how they are doing. Patients feel comfortable asking Elesa questions, because they know she understands their experience. Elesa enjoys her interactions with the patients as well, answering the questions she can and referring others to the clinicians. Because she is able to connect with patients in ways other staff cannot, the counseling that Elesa can provide is invaluable.

Lately, Elesa has been trying to make some lifestyle changes of her own. She has started to exercise for the first time in her life. Elesa’s enthusiasm for her new walking program is contagious. She has more energy and has lost some weight. Patients comment on how great she looks, and how energetic she is. Elesa happily shares her personal exercise experience with them. She describes how she started with just five minutes a day and that it was difficult at first to be consistent but now she looks forward to her daily 30 minute walks at lunch time.

With her encouragement, several patients started walking in the mornings at the local high school track. With support from the clinic and word of mouth in the community, the group has grown from 3 to 20. Elesa and other staff members periodically visit the walking group, using the opportunity to share information on proper stretching technique, care for injuries and exercise clothing.

With the success of the Eden Walking Club, the clinic is planning to sponsor a 5K fun walk and picnic this summer. With this new-found interest in exercise, the dietitian plans to introduce a class on nutrition: “Eating for Energy.” The staff demonstrate their health behaviors to each other and to the patients; they’ve learned how important being a role model can be.

Designing Your PPIP System

What is the difference between what we are providing our patients and what we want to provide?

Can some of our current policies and procedures for delivery of preventive services be modified?

If not, what policies and procedures need to be written?

Do we want to modify any of the USPSTF or AHP materials?

How will our current physical layout support or limit our implementation of PPIP?

Do we need to make changes in staff locations within the clinic?

What will we do if we need technical support?

Who will need continuing education to participate in the provision of preventive services?

How will we assess for that need in the future?

How will we review our progress?

How often will we meet to reflect on our direction?

Design Step

Designing New Clinic Flow for PPIP

Clinic Flow Worksheets/Revised Flow for PPIP

(Note: See PPIP sample flow sheets starting on page 41.)

- Illustrate how the patient will move through the PPIP system.
 - Note opportunities for patient interaction.
 - Note when services will be delivered and documented.
- Determine necessary changes in appointment scheduling resulting from new clinic system flow.

Diagram Chart Flow

- Follow the flow of a chart through the new PPIP system (use clinic flow worksheets).

Systems

When a procedure or protocol is changed in one department or work group, you will need to be alert to how other departments or work groups will be affected. For example, at one site, ordering more off-site screenings created several additional tasks: following up to make sure the patient went for the test, scheduling the patient for an appointment to receive their results, and confirming that the results were received prior to the patient's appointment.

Clinic Systems Worksheets

Sample PPIP Flow

Patient enters clinic for an appointment:

- Receptionist greets patient, provides the personal information form/medical history/insurance information, the Self-Administered HRP (if applicable), and introduces new (to PPIP) patients to the Personal Health Guide and health education materials available for review while they are waiting to see their provider. Returning patients are asked if they brought their Personal Health Guide and if they have been using it, etc.
- Nurse/Health Educator/Medical Assistant takes patient into private area (e.g., office or exam room) to complete/review the Health Risk Profile, and initiate the Flow Sheet and the appropriate risk-specific education/counseling. Risks and counseling are documented on the Flow Sheet.
- Nurse/Medical Assistant takes patient into treatment room and takes height, weight and vital signs. Patient and staff discuss the results of the health risk assessment and identified health risks.
- Post-it Note is completed to alert clinician to any areas he/she needs to address with the patient.

Patient sees clinician:

- Clinician/nurse/medical assistant/health educator reviews Personal Health Guide with the patient.
- The clinician sees the patient and addresses the areas noted on Post-it Note. All recommendations and procedures (immunizations, screening and education) performed are documented on the Flow Sheet and/or progress notes.
- The clinician writes referrals for off-site preventive services if needed.
- The clinician/nurse/health educator provides counseling on one or more identified health issues/behaviors and documents service provided on the Flow Sheet.

Patient exits clinic:

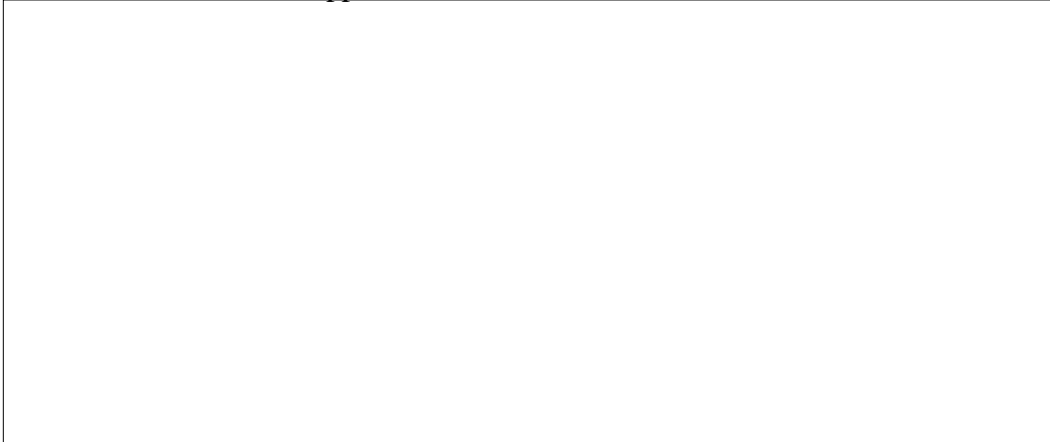
- Patient views educational posters and available materials as they walk through the clinic.
- The receptionist/clerk receives pertinent follow-up information from the visit, distributes educational materials, and reminds patient to utilize the Personal Health Guide.
- The receptionist/clerk removes the tickler card from the chart and places it in the tickler file to mail at a later date as new appointment is scheduled.
- The receptionist/clerk schedules return appointment for follow up if patient is scheduled for off-site testing or exams.

Ongoing in clinic:

- Clinic staff conduct periodic chart audits to assess delivery of preventive services and documentation. Results are shared with all staff and used for performance evaluations.
- Regular meetings are scheduled for staff to reflect on implementation of preventive services.
- Staff functions are reviewed for effectiveness and job descriptions are revised to include preventive care activities.
- Staff and patient feedback is routinely invited and reviewed.
- Successes are acknowledged and celebrated.

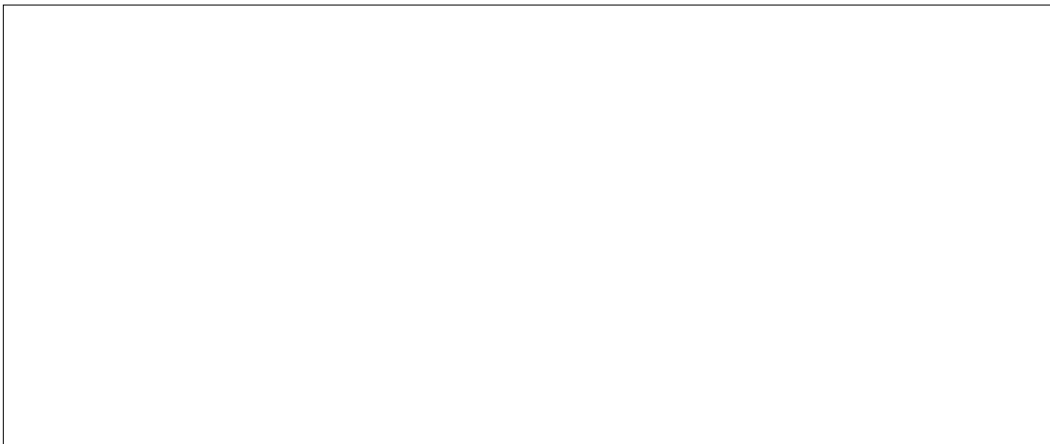
Revised Flow for PPIP

Patient enters clinic for an appointment:



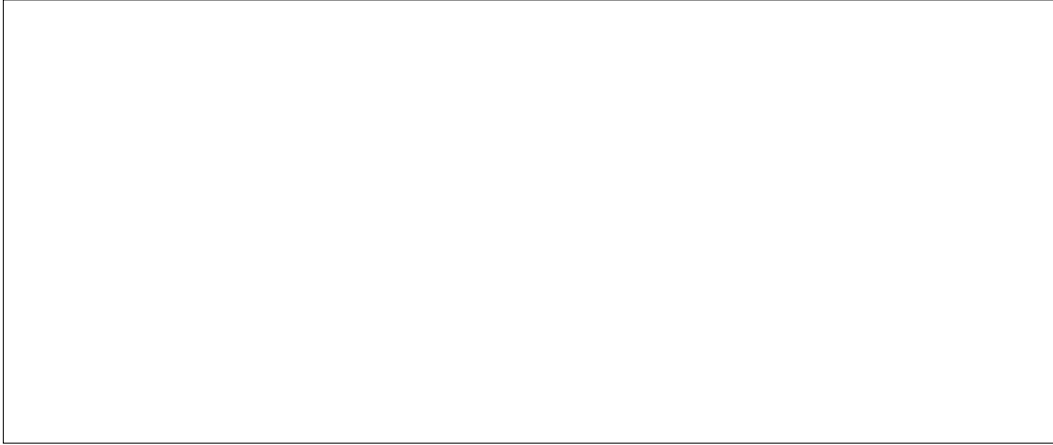
- How and when does your clinic identify what screening activities are up-to-date and what preventive care is indicated for your patients?
- Which staff members greet patient?
- Who guides the patient through the clinic?
- Where do patients go and who do they interact with?
- Who does the patient see prior to the clinician? What information is collected or discussed at this time?

Patient sees clinician:



- How does the clinician use the patient appointment to reinforce, educate, and counsel on preventive care and positive health behaviors?
- How is the patient's preventive status monitored over time?
- What services are documented? How and where are services documented?

Patient exits clinic:



- How does the clinic obtain patient feedback on their experience at the clinic?
- How does the clinic staff demonstrate their interest in the patient's progress toward a healthier lifestyle?
- How can the clinic staff reinforce patient's positive behavior changes?
- What kind of monitoring system is in place to follow up with off-site screenings?
- What kind of reminder system is in place to follow up with screenings or counseling that are needed, but were not done at this visit?

Planning for Implementation

When shall we start implementation?

How shall we start implementation?

Who will our initial target population be? Remember to start small!

Which services/materials will we start with? Which will we add later?

How will we know when we are ready to expand our services?

Designing Your Evaluation Process

Evaluation of your program should be addressed in the design phase.

1. Your group vision established a direction.
2. Your assessment of current systems determined benchmarks, or measurable outcomes.
3. Decide in advance what will be important for you to measure and/or review and build those items into your system.
 - In establishing your measurable outcomes, it would be helpful to look to Health Employee Data Information System (HEDIS) requirements, National Committee on Quality Assurance (NCQA) guidelines, and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) criteria to align your evaluation with national guidelines.
4. Schedule frequent, regular opportunities to evaluate your status.

Regularly scheduled meetings offer opportunities for staff to share what is working for them and what is not. Encourage employees to explore all possibilities for changing routines and attempting new solutions. You do this by openly listening and responding to all ideas. Since the implementation process will be reviewed and modified often, there will be numerous opportunities for creative solutions with a decreased likelihood of serious mistakes occurring.

Designing Evaluation

How will we review our progress?

How often will we meet to reflect on our direction?

Implementing Your PPIP System

With ongoing evaluation, you can begin working with your PPIP system as soon as the group feels ready, recognizing that some of the most valuable learning will come through experimentation.

STARTING SMALL

You can always choose to begin with a small implementation. If you do only one thing, you should consider pre-screening the charts prior to the clinic visit. Putting needed preventive services on a Post-it Note on the front of the chart is a simple task, but experience has shown that provision of age-, risk-, and gender-appropriate screening tests and immunizations can improve greatly with just this reminder alone!

Another tactic is to implement a systems change for a definable sub-set of your population (e.g., new patients only). You could initiate the change in a single unit of a multi-unit clinic, or choose one or two items, such as immunizations and smoking, to start. Then add one or two additional items every 1-3 months as staff becomes comfortable with the process.

With collaborative and thorough planning, implementation is nothing more than taking those first steps toward your vision.

The regional consultants from TDH are ready and willing to assist you in implementing PPIP. As the capacity of your individual staff members increase, your ability to respond to changes in the environment (such as managed care and the aging of the population) will improve. Through systems change and the empowerment of your patients and your staff, you will stand out as a competitive, healthy, and successful health care organization.

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